



Sunscreen Authorization Form

Child's Name: _____ Date of Birth/Age: _____

Name of sunscreen: _____

Reason for sunscreen: _____

Start date: _____ Stop date: _____

Times to be applied: _____ before lunch recess _____ before afternoon recess

Amount to be applied: _____

Areas to apply sunscreen: _____ face _____ arms _____ legs _____ other

Possible side effects: _____

Is above information consistent with the label on the sunscreen bottle _____

Special instructions: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Daytime Phone Number _____

Please fill out and put in a ziplock bag with the diaper cream. Please label bag and cream tube.

***This form needs to be filled out and returned every 6 months**

Medication was returned to parents or discarded: _____ (Must be completed after stop date and before filing for in child's file)
Date